

Goals

In January 2006, another round of full service reviews began using the Service Review Version 2 Tool. The original service review tool was streamlined incorporating feedback from the provider community. The purpose of this round of reviews is to explore the service delivery around those consumers receiving Assertive Community Treatment and Intensive Community Integration levels of care as well as PNMI services.

Method

Clinical Advisors will conduct service reviews for 40% of enrolled consumers receiving ACT services and 40% of enrolled consumers receiving ICI services and 60% PNMI services. These reviews will be completed in two phases starting with the ICI and ACT service reviews. Providers were sent their individual sample list via certified mail in December 2005 as well as a copy of the Service Review Version 2 Toll and Instructions. The Clinical Advisors also received a sample list for agencies in their regions. This tool is similar to the Initial Service Review tool; however, it has been modified and shortened based upon provider feedback during and after the initial round of reviews.

Prior to the scheduled telephonic review with the Clinical Advisor, it is highly recommended that the provider gather the information requested for completion of the Service Review Version 2. The consumer's ISP is no longer required to be faxed to the Clinical Advisor. However if questions or concerns are raised the Clinical Advisor may request a copy of the consumer's ISP. Please see Appendix D for the Service Review Version 2 Tool and Instructions.

Once the Clinical Advisor and the provider have completed the Version 2 service review, the Clinical Advisor will independently complete a service review summary. If concerns are noted after the completion of the summary, the Clinical Advisor will consult with the Beacon Health Strategies Clinical Program Manager. The Regional Mental Health Team Leader may also be contacted for further consultation.